24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	
Full Name of Payee HWS Headway Work Force Solutions	Date of Public Distribution/Dissemination
,	08 01 7 2016
Mailing Address 421 Fayetteville St #1020	Amount
City State Zip Code	4000.00
Raleigh NC 27601	Transaction ID : SE.6171 Date of Disbursement or Obligation
Purpose of Expenditure Projected mileage reimbursement for canvassers in OH 8/1- 8/31 Category/ Type 002	08 01 2016
Name of Federal Candidate Support Office	e Sought: House District:
HILLARY RODHAM CLINTON Oppose	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For: Primary ⊠ General Other (specify) ▶
Full Name of Payee HWS Headway Work Force Solutions	Date of Public Distribution/Dissemination
Maillian Addunas	08 01 2016
Mailing Address 421 Fayetteville St #1020	Amount
City State Zip Code	21000.00
Raleigh NC 27601	Transaction ID : SE.6172 Date of Disbursement or Obligation
Purpose of Expenditure Projected payroll for canvassers in OH 8/1-8/31 Category/ Type 001	08
Name of Federal Candidate Support Office	e Sought: House District:
HILLARY RODHAM CLINTON Oppose	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought Disb 2016	ursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	25000.00
(a) COLICINE OF TOTAL OF THE PROPERTY OF THE P	23000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
24.0	08 03 2016
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed or	n
Full Name of Payee HWS Headway Work Force Solutions	Date of Public Distribution/Dissemination
Mailing Address 421 Fayetteville St #1020	08 01 2016 Amount
	21000.00 Fransaction ID : SE.6181
Purpose of Expenditure Projected payroll for Canvassers in OH 8/1-8/31 Category/ Type 001	Date of Disbursement or Obligation 08 01 2016
Name of Federal Candidate Support Office S	Sought: House District:
TED STRICKI AND	President State: OH
Calendar Year-To-Date Per Election for Office Sought Disburse 21000.00 Disburse	ement For:
Full Name of Payee HWS Headway Work Force Solutions	Date of Public Distribution/Dissemination 08 01 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
Mailing Address 421 Fayetteville St #1020	Amount
City State Zip Code	4000.00
I talong	ransaction ID : SE.6183 Date of Disbursement or Obligation
Purpose of Expenditure Projected mileage reimbursement for canvassers on OH 8/1- 8/31 Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office S	Sought: House District:
TED STRICKLAND Oppose	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought Disburs 25000.00	ement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	25000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	50000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Emily Buchanan [Electronically Filed] Date 08	03 2016